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ABSTRACT

This paper describes a model for an adolescent girls group used as an adjunctive therapy to focus on the issue of maturity. Background information about the group members is provided and the group is described as an ego-supportive group which functions to maintain areas of positive functioning and to aid in the development of personal resources. Interventions focusing on the issues of identity, autonomy, and relationships are discussed and methods used by the group to address goals and to promote a tolerable level of anxiety are presented. The effectiveness of the model in diffusing the anxiety associated with both the issues and the process of developing increased intimacy with peers and adult leaders is detailed. Factors regarding the decision to use two female therapists as group leaders are also reviewed. (NRB)

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GROWING UP FEMALE:
ASPECTS OF DEVELOPMENT IN ADOLESCENT GROUPS

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"Growing Up Female"

Aspects of Development in Adolescent Groups

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The phrase "growing up female" has certainly taken on new and exciting, although often anxiety-provoking meanings during the last several decades in our society. Whatever visions of feminism it may evoke, it has a special meaning to us as women therapists working with adolescents, in helping young women with the dual challenge of moving into adulthood and of defining oneself as a woman, at a time when traditional, and perhaps more comfortable, sex roles are being seriously questioned. The "growing up" process is difficult enough for well-adjusted adolescents, with confusion and stress being common around issues of separation from family, peer relationships, autonomy and sexual identity. But, what about those girls for whom the process of mastering developmental and sexuality issues is impeded by excessive intrapsychic and familial stress? Our treatment model emerged from our work with this latter group.

This paper focusses on a model for an adolescent girls group used as an adjunctive therapy on an inpatient unit. Since it was developed on a particular population, some background information about the members and unit may provide a useful perspective. The group took place on an inpatient psychosomatic unit for both male and female adolescents. Group members were rarely psychotic or delinquent but were, nevertheless, moderately to severly emotionally disturbed, with related physical problems, including debilitating asthma, eczema, anorexia nervosa and obesity. The average length of hospitalization was 3-4 months, so that group membership changed about every 3 months. The group was begun as an adjunct to ongoing treatment on the unit, which usually included individual and family therapy. We hoped to take advantage of the adjunctive status of the group in making a unique contribution to the therapeutic program.

When children and adolescents have significant emotional difficulties, it can generally be assumed that their problems will interfere with normal development. Since the transition from childhood to adolescence requires some particularly difficult developmental tasks, the severely disturbed adolescent will usually have pervasive difficulty with normal adolescent struggles, i.e. separation from family, intimate peer relationships, experimentation with new roles, and establishing a sense of identity. This is particularly true for a psychosomatic population, whose symptoms often serve as a means of avoiding the issues of adolescence. With this in mind, we felt that a developmentally focused group could serve several useful functions in the therapy program. The group could provide an environment in which members were strongly encouraged to behave as adolescents and guided into dealing with adolescent issues they would usually avoid. It could be assumed that their resistances to healthy functioning were being dealt with in other aspects of their therapy. The group, therefore, did not need to focus on individual problems, but could function as an impetus for healthier functioning. Since the members were inpatients, they had been removed from families which contributed to their difficulty, but they were also insulated from many of the developmental tasks they would confront outside of the hospital. The group could serve to activate adolescent issues which might otherwise be dormant during inpatient care at a time when familial pressures counter to adolescent functions would be reduced. Issues which were activated by the group's developmental push could be addressed in individual and family work as they related to each member's particular problem. The developmental focus was considered particularly appropriate for an inpatient setting, since the hospital often provides a regressive environment, counter to normal adolescent behavior-supporting compliance and dependency and discouraging self-reliance and independence. In view of the effects of severe emotional difficulties and hospitalization on adolescent development, the developmental focus was considered important for this population.

In addition to a developmental focus, we felt that a same-sex group would provide special benefits to its members. To aid in making the transition from childhood to adolescence, pre-adolescent girls typically utilize a close group of girl friends. This type of group helps them to reduce their dependency on their families, identify with a group outside of the family, form intimate mature peer relationships and provide alternative viewpoints regarding adolescent issues all of the group members face. The hospitalized adolescent is removed from any such support system she may have developed, and often has never been part of such a group. A same-sex therapy group can thus provide a developmentally "normalized" format in which to facilitate the transition into adolescence.

Overall, then, the group described herein is an ego-supportive group, which functions to maintain areas of positive functioning and to aid in the development of resources. This group is different from other kinds of therapy groups which focus on the uncovering of emotional difficulties. It is also different from women's groups in adult setting in that it is helping members form their roles as women rather than understand or expand their roles as women.

The group was presented to prospective members as a group about "growing-up female". Although the group was entirely voluntary, all girls on the unit typically attended the meetings. Many members, at some point, would refuse to come to a meeting, and their right to do this was supported, even if it meant a group meeting was attended only by the leaders. Members viewed the group as the only real voluntary aspect of their treatment and valued this. We strongly encouraged the members to take responsibility for what occurred in the group and made much effort not to respond to their expectations that we would take the lead. At times, a group activity would be planned in a previous group meeting by the members, in anticipation of the group. Activities included such things as a trip to a nearby neonatal nursery or a visit to a medically hospitalized member. More frequently, the beginning of the group would be somewhat disorganized as the girls struggled to determine the focus for the particular session. Once this occurred, we would become more active to help them succeed around the issue and aid them in discovering

alternatives. Rarely did a topic fail to fall within the goals of our group. Topics which were more anxiety provoking, such as sexuality, were generally approached educationally or in some other way that distanced the topic sufficiently for the girls to voluntarily maintain the focus. Other topics, such as anger with authority, could be addressed more directly and alternative ways of expressing anger experimented with through role playing and group exercises. Finally the group would end with group members determining what would be written in the report returned to the unit.

Interventions in the group were generally focussed on issues related to identity, autonomy and relationships. Each of these areas will be discussed briefly, and we will describe how the group was used to address these goals.

Several aspects of identity were particularly salient for this population. Identity as a woman was a primary focus. For these girls, who had recently passed puberty, their identity as a woman was usually a source of much ambivalence. They were often quite comfortable with preadolescent aspects of femininity such as dressing themselves attractively and flirting coyly. But issues of sexuality and their changing body images were particularly anxiety provoking-not so surprising in view of the psychosomatic problems of group members. Overall, group members appeared to have little capacity to view themselves as entering womanhood and would avoid directly considering either the positive or negative aspects of this transition. Secondly, the group was also used to enhance their identity as maturing adults. Since most of the groups members had not really entered adolescence emotionally, it was hoped that increasing their sense of themselves as approaching adulthood would facilitate some of the struggles between childhood and adulthood which are the developmental tasks of adolescence. Finally, we wanted to help group members begin to develop a sense of themselves as individuals, while at the same time recognizing their need to identify with their peer group. In this population most group members identified themselves primarily in relation to their families. The hospitalization provided a forced separation from families and an opportunity for group members to recognize their impact on others outside of their family. Via the group context, we hoped to highlight and clarify this to help

group members internalize a sense of themselves as maturing women and provide the beginning of a sense of identity as an individual.

A second thrust in the group was to encourage autonomy in the members. In our psychosomatic population, most of the girls came from enmeshed families where little autonomy and separation was allowed. They then entered the hospital where they were also encouraged to be compliant and take little responsibility or initiative. Although many of the members' problems with autonomy certainly needed to be addressed in individual and family therapy, we wanted the group to be a place in the hospital where autonomy was developed and encouraged. This was done both in the context of the group structure and by supporting group process and content material which were related to autonomy issues.

In attempting to address the importance of social relationships during adolescence, an integral part of the group's focus was in the developing a shared sense of sexuality and intimacy among its members. We recognized that, although the emergence of sexuality- and intimacy-related issues is a natural occurence during adolescence, these issues also provoke a great deal of anxiety. Careful consideration of the effects of such anxiety was of particular concern with our group members, whose psychosomatically related symptoms often reflected intense conflicts around body and self image and intimacy. Although these individual conflicts about intimacy and one's changing body were inadvertently perpetuated by dysfunctional family dynamics, these were difficult issues to deal with directly in the girl's family treatment. First, their families tended to be highly enmeshed, a systemic mode of functioning which promoted prolonged dependency. Furthermore, many of the girls had experienced overly close, eroticized relationships with their fathers and intensely conflicted often hostile although dependent relationships with their mothers. Frequently, many months of family treatment were necessary before even mild explorations of the issues could be tolerated. This group offered a safer and more conducive environment for beginning to deal with their issues.

The group model which we used proved to be beneficial in diffusing the anxiety associated with both the topics (e.g., sexual behavior, relating to boys) and the process of developing increased intimacy with age peers and adult leaders. We used a number of methods to promote a tolerable level of anxiety. First, the group was presented to prospective members as one which dealt with "growing up female", in which we showed our willingness to raise sensitive issues when members did not. We encouraged the girls to take as much responsibility as they could for running the group, thus increasing their general sense of being "in control". Secondly, issues around sexuality were generally approached educationally (e.g., use of books, trip to a hospital neonatal unit) in a way which distanced the topic sufficiently for the girls to voluntarily maintain the discussion. Finally, we were able to capitalize on the members individual differences, in so far as some girls could talk about the issues openly, while others chose to ask questions, give support, or simply listen.

Although the direct methods (educational) used to promote a healthy sense of sexuality and closeness were important, we believe that the presence of two female co-leaders was crucial. By using female therapists, it was possible to encourage open discussions of sexual matters, which might not occur in the presence of a male, and to model an acceptance of female sexuality, the girls' as well as our own. Furthermore, we were able to capitalize on our therapeutic orientation and stylistic differences from one another. We were able to model a successful, close working relationship which encouraged and respected individual differences and provided alternative female role models. Certainly, this experience heightened an awareness of our own styles and the importance of reworking through the issues raised by leading such a group.

In other groups, where dealing with transferential issues is an important focus, it may be advantageous to have a mixed sex therapy team. However, given that the goal of our group was to enhance and encourage the development of a positive, comfortable sense of "femaleness", we believe that having two female coleaders was essential.

In summary, the group format we have described is a supportive therapeutic approach in which members can develop individual ways of expressing their sexuality, where they

are encouraged to gain greater knowledge about their bodies and how to care for them, where they are helped to build constructive female relationships, and where they can learn to develop a healthy sense of having an effective impact on their environment. We believe this type of therapy group, focused on the issue of maturing into womanhood, can often provide a very useful adjunctive therapy for adolescent girls in individual or family therapy, and, with modifications, could be considered for use as a primary treatment modality.